AIDS HEALTH PROMOTION
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EDITORIAL

Health promotion: broadening the organizational base for AIDS prevention and control

In the past decade mobilization in support of HIV/AIDS prevention and control has taken place on a truly global scale. The continued promotion of broad sectoral and organizational responses remains one of the priorities for the Global AIDS Strategy in the 1990s.

When we examine the framework of action which the health-promotion concept provides for the prevention and control of HIV transmission and AIDS, it becomes clear that we need interaction and commitment by all segments of society – educational, social, political and economic – in both the formal and informal sectors. Effective action in all five areas identified in this framework – developing personal skills, strengthening community action, creating supportive environments, reorienting health and social services and instituting healthy public policies – calls for intersectoral cooperation and a broad organizational base.

In this context the active participation of non-governmental and other community-based organizations is most important. "They are a key to strengthening the social response to HIV and AIDS through their knowledge of the community and their outreach capabilities", says Dr Michael Merson, Director of the WHO Global Programme on AIDS. Representing the people concerned, these organizations have been active in all the action areas mentioned above; some examples featured in this and previous issues of the *Exchange* can illustrate this.

Let us first take the example of *personal skills development*. Community-based organizations have carried out numerous educational activities in which people are provided with information on AIDS and taught practical, assertive skills to enable them to protect themselves (e.g., how to use a condom, how to say "no"). The activities of EMPOWER and the Copperbelt Health Education Project are exemplary in this respect; both organizations emphasize the positive benefits of protective behaviours.

With regard to *strengthening community action*, non-governmental groups play a crucial role. They help develop appropriate strategies to deal with those issues which community members *themselves* feel are important. The leaders of the Candomblé religious movement in Brazil, for example, have learned simple methods to make safer their healing and ritual practices which involve the making of incisions on the body; they also provide culturally appropriate information and education to the movement's members. The AIDS Support Organization (TASO), which represents the first organized

community response to the AIDS epidemic undertaken by seropositive people and their families in Uganda, is another example to be noted here. "Spread the Word", an educational video produced by the Koorie Aboriginal community in Australia, also shows how credible messages can be put across by involving believable community leaders in educational efforts.

Creating supportive environments is another action theme taken up by numerous organizations either in order to support (continued) behavioural change or to change social attitudes towards individuals who are infected with HIV/AIDS. The Duang Prateep Foundation, working in Bangkok's Klong Tuey slum area, has shown how community members can get together to gain confidence, combat the prejudice and blame associated with AIDS, and suggest possible ways of confronting the epidemic. The Terrence Higgins Trust in the United Kingdom has provided assistance to members of the Vietnamese refugee and Black communities in confronting the problems posed by HIV infection and AIDS.

Reorienting health and social services to meet clients' needs has been a particular issue of concern for non-governmental organizations, particularly since many of them provide such services. The combination of home care and (preventive) community counselling provided by the Salvation Army through its Chikankata Hospital in Zambia has served as an example of an innovative way to respond to the challenge of AIDS in this context. Workshops conducted by the Traditional Practitioners Association of Zambia (TAPAZ) and the Zambian Ministry of Health have begun providing traditional healers with the knowledge they require to respond effectively to the needs of persons with AIDS in their communities.

Lastly, *building healthy public policies* is an activity area in which community-based organizations have especially been in the forefront. They continuously articulate the expanding dimensions of the epidemic and advocate legislation, fiscal measures and organizational changes which will lead to health and social policies fostering greater equity. Human rights and the dignity of HIV-infected people and persons with AIDS also have their greatest attention. Chapters of the Names Project, for example, have been instrumental in organizing activities aimed at influencing public opinion leaders, and the Association of Performing Artistes of Uganda (APAU) was instrumental in mobilizing large-scale governmental support via its "AIDS Quake" campaigns.

The *Exchange* is pleased to have been able to highlight the important work being done by non-governmental and AIDS service organizations in this and past issues. In future, we hope that their activities will occupy a prominent place among the reports we include. ■

GPA NEWS

WHO/GPA AIDS Health Promotion Resource Centres Meeting, Mexico, 24-26 October 1990

Since 1988 WHO/GPA has been supporting the establishment of a network of AIDS-related health promotion resource centres, with the aim of promoting the exchange of AIDS-related information, educational materials and health-promotion strategies. Apart from the global AIDS Health Promotion Resource Centre (HPRC) at WHO headquarters in Geneva and a specialized WHO/UNESCO resource centre in Paris which focuses on AIDS education and youth, eight regional resource centres have been started in the past three years.

These are:

- Centro Regional de Intercambio, Documentación e Información sobre el SIDA (CRIDIS; Regional Centre for Exchange, Documentation and Information about AIDS) for the Central American region, at the National AIDS Commission (CONASIDA) of Mexico, Comercio y Administracion No 13-2, Col. Copilco Universidad, C.P. 04360 Mexico D.F., Mexico. Tel. (+52)5-6589601, fax (+52)5-5544202. Operational since June 1988.
- Caribbean AIDS Education and Information Centre (CAIEC) for the Caribbean region at the Caribbean Epidemiology Centre (CAREC), P.O. Box 164, Port of Spain, Trinidad and Tobago. Tel. (+1)809-6224261, fax (+1)809-6222792. Operational since January 1988.
- Regional AIDS Health Promotion Resource Centre for Central, East and Southern Africa at the Centre for Educational Development in Health (CEDHA), P.O. Box 1162, Arusha, Tanzania. Tel. (+255)57-2217, fax (+255)57-7615. Operational since October 1989.
- Centre Régional d'Echange de Documentation et Matériel Didactique en matière de Lutte contre le SIDA (CREDLS) for francophone countries, at the Centre Universitaire des Sciences de la Santé (CUSS) of the University of Yaounde in Cameroon, B.P 155, Yaounde, Cameroon. Tel. (+237)222023, fax (+237)223798. Fully operational since March 1990.
- African Regional Health Education Centre (ARHEC) for the anglophone countries of West Africa, at the Department of Preventive and Social Medicin of the Universtiy of Ibadan, P.O. Box 14238, Ibadan, Nigeria. Tel. (+234)22-400010 ext.2739. Operational since mid 1990.
- AIDS Health Promotion Information Exchange Centre at the WHO Regional Office for the Eastern Mediterranean, P.O. Box 1517, Alexandria 21511, Egypt. Tel. (+20)3-4830090, fax (+20)3-4838916. Operational since late 1990.
- WHO/UNESCO AIDS Education and Health Promotion Materials Exchange Centre for Asia and the Pacific (AIDSED Centre) at the UNESCO Regional Office, P.O. Box 967, Prakanong Post Office, Bangkok 10110, Thailand. Tel. (+66)2-3910577, fax (+66)2-3910866. Operational since June 1990.
- WHO/South Pacific Commission Information Centre for the Prevention of AIDS and STDs in the Pacific, B.P. D5, Nouméa Cedex, New Caledonia. Tel. (+687)262000, fax (+687)263818. Operational since September 1990.

From 24-26 October 1990, representatives of these centres met in Mexico to review their achievements and discuss their operational concerns and future plans.

Work done and future plans

All of the centres collect AIDS-related educational materials and literature produced in the regions they serve. To this end they link with national AIDS control programmes, health-promotion professionals and NGOs. Materials are evaluated and catalogued in computerized databases, with all the centres using micro CDS-ISIS software so as to facilitate the exchange of information between centres.

One activity shared by the centres is the reproduction/repackaging and distribution of selected materials. This can involve individual posters, pamphlets and videos but mostly packages of selected materials or resource kits on special themes are distributed. For example, the AIDSED Centre produced one resource kit on AIDS education for mass-media personnel and another on AIDS, Women and Education for World AIDS Day in 1990. The global HPRC has produced three resource packs containing selected posters, videos, brochures and articles; each pack includes a brief introduction as to why these materials are thought to be innovative and interesting.

Another common activity is the organization of exhibitions of materials, for instance in subway stations and at universities (CRIDIS) or during special occasions such as Carnival (CAIEC). Three regional centres have also begun publishing a newsletter which functions as a channel and forum for the exchange of educational information in their region (*AIDSLINK* – CEDHA; *AIDSWINDOW* – CAIEC; *AIDSED Newsletter* – AIDSED).

The regional centres differ on several points, including their additional functions and activities, location and institutional support, and size and complexity of the regions served. The CAIEC Centre, for example cooperates closely with the AIDSCOM Communication and Technical Services Project and has extended its activities to include the actual development or adaptation and production of educational

materials for general use in the region (e.g., a condom-use brochure and poster, T-shirts bearing five AIDS-related slogans and three radiospots broadcast during Carnival). It also has provided technical assistance for the introduction and management of a national AIDS hotline.

CRIDIS, in Mexico, is part of the National AIDS Commission (CONASIDA) and thus has a broader documentation function concerning medical, social, legal and political aspects of the AIDS epidemic. This centre has been active in setting up decentralized branches within Mexico and the Central American region.

AIDSED, part of UNESCO, counts the UNESCO National Commissions and a large network of educational institutions and communication media as its natural partners. For other regional centres, linking with organizations in different sectors and different countries has thus far proved more difficult, because of their location and institutional support or because of the size and complexity of the regions they serve (different needs, language problems and many and/or large countries and populations).

To date GPA support for the centres has consisted of financial support, coordination of the centre network and the supply of technical assistance in database management and evaluation of educational material.

Future plans vary per centre according to their developmental stages. Whereas CRIDIS and CAIEC are well under way, CUSS/CREDLS and WHO/SPC are only beginning their work. Differences in the centres' complementary activities and functions also will influence future work. For example, while CAIEC will facilitate in-country production of educational materials and increase capabilities for the promotion of counselling activities, CRIDIS will continue to decentralize its work. However, all centres plan to strengthen their services for the National AIDS Committees.

A concern shared by all the centres is their sustainability in the future. Different options, discussed at the Mexico meeting, will be pursued in the coming year. ■

PROGRAMME FEATURE

Crash course in survival skills: reaching street children in Zambia

V.C. Mouli, J.C. Phiri and K.N. Rao

As part of its comprehensive AIDS prevention and education programme, the Copperbelt Health Education Project (CHEP) in Kitwe, Zambia, has begun a unique course for street children in which AIDS information and education, personal skills development and training aimed at increasing employment opportunities are combined. It also creates a supportive social environment.

Zambia's population is very young: about 61% of the nation's inhabitants are younger than 20 years. The schools are finding it hard to keep pace with population growth and many children are unable to continue their studies after primary school; coupled with few employment opportunities in the formal sector, this means that many school leavers must turn to the informal employment sector, particularly in the towns and cities, as Zambia is the third most urbanized country in Africa. Some work as street-corner vendors, house servants or nannies, bar workers and entertainers in night clubs; others may turn to petty black marketeering or crime.

These youths are difficult to reach with AIDS-related information through established institutional networks such as schools, young Christian groups, etc. Distribution of information on AIDS via street workers also has not appeared to be accomplishing the objectives sought.

CHEP therefore decided it was necessary to embark on a new approach in order to reach these young people. The programme objectives were to:

- provide basic information and create concern (not fear) about AIDS,

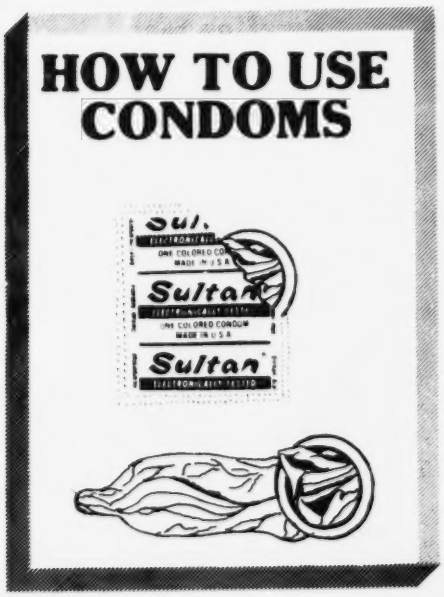
- impart practical skills (e.g., how to use condoms),
- impart assertion skills (e.g., how to say "no"),
- increase self-esteem and
- stimulate peer education and generate peer-group support for non-risk or low-risk sexual behaviour.

What do the youths need?

Focus group discussions with the target group revealed that they had many concerns and AIDS was not the most important one. Their concerns were therefore listed and CHEP decided to address as many of them as possible, which led to the idea of a "crash course in survival skills".

The objectives of the five-day course are to: provide information and education on AIDS along with information on a range of other topics which concern the youths and affect their lives; encourage them to examine their present life-styles and the various realistic options/choices available; and help them make informed decisions.

Since most of the target-group members have a working knowledge of English, this language is used for the presentations.



The condom use pamphlet given to participants in the Copperbelt Health Education Project's "crash course in survival skills"

Educational materials are provided free of charge as are mid-morning tea, lunch and afternoon tea. On the fifth day the participants receive a small amount of money to cover their local transport expenses; this recompensation is given purposely on the last day so as to encourage their full participation throughout the course.

Course content

In order to make the course as down-to-earth as possible, CHEP has recruited resource persons from a variety of institutions to act as instructors in the different sessions; each day of the course focuses on a different aspect of survival skills.

Day 1 begins with a morning session during which the youths are encouraged to share their best life experiences with one another; this serves as an "ice-breaker" and generates some rapport within the group. The second part of the day is devoted to "staying healthy": information is provided by CHEP and Ministry of Health staff members on AIDS, STDs, drug and alcohol abuse and cigarette smoking. Among the materials given to the participants are a pamphlet on condom use and informational booklets on AIDS and STDs (all produced by CHEP); the *Karate Kids* video (produced by Street Kids International) is shown as well. This session ends with a visit to a local hospital where the youths learn about the procedures followed in visiting clinics.

On the second day, the course participants discuss ways to stay within the law, since some of them have unfortunately been arrested in the past for involvement in criminal activities such as theft or rape. A local police officer gives a talk and answers questions whereafter the group visits a local police station to see the cells where prisoners are detained.

The entire third day is spent at the Flame Tree Farm Training Centre, a Roman-Catholic mission-run farm where people can follow a one-year course preparing them for an agricultural career. Many of the course participants are third-generation city dwellers who have not considered farming as an occupation; the visit to the farm is intended to suggest to them that there are employment opportunities available in farming and that rural life can be fun, too. After a tour of the Centre, the participants are treated as Centre trainees for the full day and given a chance to ask questions and experience what a trainee's life is like.

On day 4 attention is devoted to urban-oriented employment opportunities; the youths are educated on how to run a successful small business by staff members of

the Mindolo Ecumenical Foundation. This training session – which forms an introduction to the subject – includes basic arithmetic and accountancy lessons in which concepts such as profit, loss, turnover, capital, etc. are discussed.

The course ends with a day devoted by Mindolo Ecumenical Foundation staff members to skills training opportunities in the Copperbelt District. Visits are paid to two vocational training centres (whose courses are mostly subsidized) and the participants receive a list of institutions where they can apply for training. Since virtually no advisory services exist for the target group, they are given application forms and details on the courses as well as guidance on application procedures.

The course is scheduled to be offered three or four times per month as part of the regular programme at the Mindolo Ecumenical Foundation in Kitwe. So far it has been given four times with a 15-20 participants in each course.

Course follow-up

After about two months, CHEP staff members visit the course participants with a view to determining two points: the youths' opinion of the course itself and the impact of the course on their lives. A conscious choice was made not to conduct group evaluations. CHEP considers it more advantageous to carry out short individual discussions and to ensure that the evaluation is non-judgemental in nature since the worst thing would be for a course participant to leave the evaluation session convinced that he/she was a failure. The evaluations thus consist of short 10- to 15-minute interviews in which questions such as the following can come up:

- Have you had an STD since you completed the course?
- If the answer to the previous question is yes, have you been to the clinic for proper treatment?
- How is your business doing? Have you made any changes since you undertook the course?
- What are your future plans?
- Have you had any trouble with the police?

In addition to assessing the course's impact, these interviews also help to reinforce some of the messages given during the course on a one-to-one basis.

Two pages from the brochure for adult men and women distributed to CHEP's "crash course in survival skills"

YOU CANNOT GET AIDS FROM:

EATING TOGETHER
AIDS germs are not spread through food, drinks, plates, glasses and similar items.
SHARING TOILETS OR LATRINES
AIDS germs are not spread through toilet seats, wash bassins and bath tubs.
COUGHING OR SNEEZING
AIDS germs are not spread through the AIR.
INSECT BITES
AIDS germs are not spread by mosquitoes or other insects.

WHO CAN GET AIDS?

AIDS is not a problem of prostitutes and their clients only!
Any person who has sex with many different people, has a high chance of catching AIDS
If you have casual sex even once in a while, you are still at risk of catching AIDS.
People who have sexually transmitted diseases such as Syphilis (Akaselee) or Chancroid (Bola bolai) have open sores on the sex organs.
It is much easier for AIDS germs to enter the body through these open sores than through normal, healthy skin, (even if these sores are small.)

The evaluation talks held with the first graduates revealed that the youths consider the sessions on how to run a successful business the most important part of the course; this was taken into consideration for the sessions on health education in which emphasis is now placed on the fact that if the youths become ill, they will be unable to continue earning an income – illness prevention thus makes good business sense. Another point which has become clear is that the course instructors must not be judgemental in their approach; special care must be taken to ensure an appropriate stance in their discussions with the young people.

In order to expand the programme, CHEP will explore possibilities of collaboration with the police, who could perhaps refer first offenders (for petty offenses) to them. They are also looking into involving political leaders in the recruitment of course participants. Many members of the target group belong to informal gangs with one or more leaders who are well-known locally; it is hoped that administrative leaders such as the Youth League Chairman, Women's League Chairperson, etc., will be able to contact "gang leaders" who can encourage the Mishanga boys to participate in the course since the gangs are perhaps the only networks through which they can be reached. If youth leaders can be involved in the course, they may begin to act as peer educators and this multiplier effect is viewed as perhaps being the most important outcome of the programme. Future plans include expanding the programme to young women as well. ■

V.C. Mouli, J.C. Phiri and K.N. Rao, Copperbelt Health Education Project, P.O. Box 23567, Kitwe, Zambia.

COUNTRY WATCH

This regular column focuses on innovative AIDS health promotion materials and strategies. Brief notes from readers on evaluation results, rapid assessments or pre-testing are also included. Suggestions from readers on items for this column are appreciated.

Ethiopia

In Ethiopia, 100 bar workers have been trained to promote condom use and provide education on AIDS to their colleagues. The programme was developed by the Department of AIDS Control (DAC), with assistance from WHO, and implemented in March 1990 in Nazareth, a trading town of 95,000 inhabitants. The objective

The two cards used in Ethiopia to explain how HIV infection progresses to AIDS analogous to a tree dying from a termite infestation.

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was to motivate women with multiple-partner sexual contacts and their partners to use condoms to protect themselves against AIDS. To accomplish this, a training-of-trainers approach was used. Local health professionals trained community health agents (CHAs), they then trained female bar workers to be group leaders and provided education sessions to local bar owners. Education sessions were also held at local factories and firms to increase awareness of AIDS and the need to use condoms on the part of men likely to patronize the bar workers.

To ensure consistency in the messages transmitted and to provide the group leaders with an educational tool, counselling cards were developed. These cards, containing drawings and a simple message on the front and additional information on the back which the trainer can read aloud, sequentially tell what AIDS is, how the virus is contracted, how to protect oneself and how to use a condom. To explain the slow development of AIDS from infection to disease, the series begins with an analogy of a healthy tree which is infested with termites, next showing how a tree devastated by the infestation looks. The analogy was found to be effective in communicating the fact that an apparently healthy-looking individual can be carrying a deadly virus.

Monitoring six weeks after the programme began indicated an increase in basic knowledge about AIDS and a reported increase in condom usage, over 17,000 condoms had been distributed by bar workers. Both group leaders and CHAs expressed enthusiasm for the programme which is scheduled to be extended to major urban centres and 23 towns, including those along the major trucking route from Addis Ababa to Aseb. *For further information contact: Fekerte Belete, Nurse/Counsellor, Department of AIDS Control, Ministry of Health, Addis Ababa, Ethiopia.*

France

The French branch of Doctors without Frontiers and the Association pour le Prévention du SIDA (Association for the Prevention of AIDS) recently organized a script-writing competition for youths aged 15-25 years in France and other francophone countries. Via articles and ads in the press, radio announcements and distribution of posters in prisons, youths were asked to submit 10- to 15-page scenarios for a 13-minute 35 mm film centring around the theme "A seropositive person in the village".

The competitions were conceived with the idea that they would educate both the script-writers and the contest organizers: it would require the writers to gather knowledge about HIV and AIDS and enable the professionals to ascertain youths' ideas about the psychological and social problems which AIDS creates. As of May, 1990, more than 320 scripts had been received from youths of all social milieux, including prisoners; the jury included cinema and health professionals.

The first prize – production of the scenario by a renowned professional filmmaker in collaboration with the winning script-writers – was won by Didier Bimont and Marie-Christine Declerq of Dieppe, France. Their film focuses on Franck, a young seropositive man, and his best friend Xavier, to whom Franck tells his feelings, hopes, fears, joys and how he is facing the effects of HIV. The scenario ends with a scene of hope in which the two friends embrace before the rising sun after Franck has spent the night roaming the streets because he cannot sleep due to the side-effects of the drug which he is taking to combat the effects of the virus.

The ten runners-up, whose prizes comprised audiovisual equipment, came from France and the Ivory Coast. *For more information contact: Dominique Pluskina, Centre Régional d'Information et de Prévention du SIDA, 3/5 rue de Ridder, 75014 Paris, France. Tel: 33-1-404-44050.*

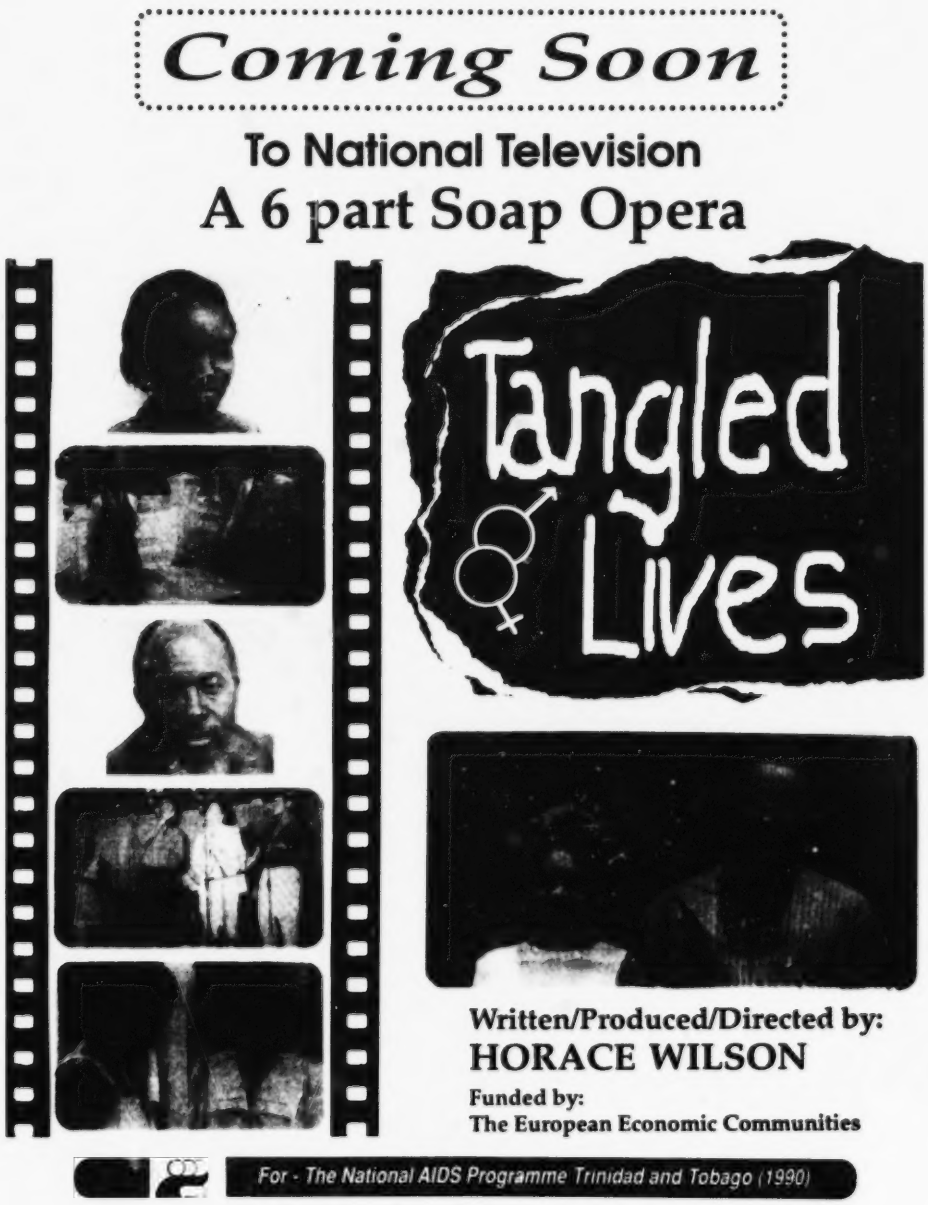
Trinidad and Tobago

The National AIDS Committee (NAC) of Trinidad and Tobago took the lead in the English-speaking Caribbean when it broadcast a six-part soap opera on national television which deals specifically with the AIDS epidemic. Written, produced and directed by Horace Wilson, a leading Caribbean playwright, *Tangled Lives* explores the feelings of a West Indian family as they become drawn into the web of those infected and affected by AIDS, the growing crisis is viewed through the eyes of the mother,

father, son, daughter, lover and friends, showing the television audience the social dimensions and medical realities of AIDS. Well-grounded in the sociocultural reality of Caribbean life, the family's experiences are portrayed using music, laughter and sadder emotions.

The soap opera, targeted to an adult audience, is only one of the television programmes produced thus far by the NAC. *Body Beat*, a programme targeted to adolescents, uses a magazine format to discuss the problems related to AIDS. Two series of *Body Beat* have been produced (the first comprising 13 parts and the second 6 parts). Both *Tangled Lives* and the two *Body Beat* series will soon be available for wider distribution. *For information contact: Asha Kambon, Communications Coordinator, National AIDS Programme, Porta Kabin 1, Eric Williams Medical Sciences Complex, Mt. Hope, Trinidad and Tobago. Tel. 1-809-645-2640, ext. 5857.*

The poster used to announce the broadcasting of Tangled Lives in Trinidad and Tobago.



Thailand

The Bangkok slums: these words immediately suggest to some people a high-risk area for HIV/AIDS. However, the Duang Prateep Foundation's (DPF) programme in the Klong Toey slum shows how an organized community can make a valuable contribution to AIDS control and prevention strategies.

Motorcycle boys involved in a Bangkok slum AIDS education programme wear brightly-coloured jackets carrying the programme logo and safe-sex messages.

DPF is an NGO which has been active in child education and community development in the Bangkok slums for 11 years. When the Foundation found that 131 of the 332 IV drug users in its anti-narcotics programme were seropositive, an HIV/AIDS community education campaign was begun, using the networks established by the anti-narcotics programme.

Campaign activities have included street parades with floats and costumes carrying AIDS prevention and safe-sex messages, open air concerts, on-going contacts with the media, seminars for local sex workers, slide presentations, poster and slogan competitions and community entertainments, such as the outdoor showing of films.

One of DPF's more original strategies has been the involvement of local "motorcycle boys" in the campaign. These youths operate as cheap, short-distance taxis, picking up customers on street corners, near docks and bus stations. Trained by DPF to spread prevention messages among their customers (mostly young people like themselves), they are a highly visible group wearing bright-coloured jackets carrying the DPF AIDS prevention logo and safe-sex message.

DPF's AIDS programme also includes work with families, when people at risk are identified, community volunteers visit their homes, educating and counselling them in an effort to build up supportive and understanding attitudes.

Preliminary evaluation indicates that levels of knowledge about AIDS and acceptance of seropositive people have increased among community residents since the programme started. For more information contact: Prateep Ungsongtham Hata, Duang Prateep Foundation, Lock 6, Art Narong Road, Klong Toey, Bangkok 10110, Thailand. Tel. 66-2-249-3553; fax: 66-2-249-5254. ■

EVALUATION NOTES

CONSUMER RESEARCH FOR CONDOM PROMOTION IN TANZANIA

J. Strand, E.K. Chiduo, H.C.M. Mbelwa and T. Levy

Tanzania's National AIDS Control Programme (NACP) has a broad, integrated programme aimed at preventing and controlling HIV transmission, more than 90% of which is currently estimated to occur through unprotected heterosexual contacts. One initiative underway is a major effort to promote condom use as an effective means for reducing the risk of HIV infection. In 1989-90, the NACP planned to distribute about 30 million donated condoms through public-health delivery channels and to the military forces. As a strategic, private-sector complement to this public-sector condom distribution effort, USAID/Tanzania has funded the development of a Condom Social Marketing Project. The project's design and the results of initial consumer research are described below.

The project design is based on two simple premises: sexually-active young men are not inclined to seek free condoms at government health clinics but might be encouraged to purchase them if condoms are more available and affordable; and consumer access to condoms could be significantly broadened by utilizing private-sector distribution channels and selected retail sales outlets, such as pharmacies, shops, social clubs and guest houses.

Pharma Plast Ltd, a local medical supplies manufacturer/distributor, Cette International Ltd, a local promotional firm, and the Academy for Educational Development's AIDS Public Health Communication Project (AIDSCOM) are collaborating in the project which has three objectives:

- to expand access by young men, 18 to 35 years old, to an affordable, quality condom product;
- to promote proper condom use as an effective option for reducing risk of HIV infection; and
- to develop a cost-recovery mechanism to enhance project sustainability over the long term.

If successful, the project should also sensitize policy-makers, opinion leaders and the general public to the concept of condom use and generate greater consumer demand, thereby creating a "pull" factor on the vastly larger quantities of condoms available via public-sector distribution channels.

Formative qualitative consumer research

The first step was to investigate what Tanzanian men knew, and how they felt, about condom use and AIDS prevention. What were the main barriers and motivating factors to regular condom use? What condom attributes did they prefer and why? What would be a good brand-name, packaging design and product positioning concept for a new commercial condom product in Tanzania?

Because formative market research is a new concept in Tanzania, AIDSCOM first conducted a workshop in Dar es Salaam on qualitative focus-group research techniques to train local research consultants who would later work for the social-marketing project. The researchers helped revise the brand-names and positioning concepts to be tested and translated a detailed moderator's guide into Kiswahili for use in the group discussions.

The researchers conducted 12 focus-group discussions with participants from urban areas in and around Dar es Salaam, including the more conservative town of Bagamoyo in the Coast region. The participants, aged 18 to 38 years, averaged nine persons per group. Eight focus groups included young men fitting the profile of the primary target audience: six groups of young working men of various professions and two groups of male post-secondary students. Two other groups comprised male shopkeepers, pharmacy owners and guest-house managers who would be involved in selling condoms. Finally, discussions were held with two groups of female sex workers to determine their current experience with condoms and any barriers to their use.

Except for the students, the participants were individually approached at random and invited to attend a discussion about health; the researchers were assisted by deans' offices in approaching the appropriate student organizations.

Participant knowledge and attitudes

All but a few participants had heard of AIDS; a large majority correctly identified the primary modes of HIV transmission. Some believed that AIDS could be contracted through saliva and sharing eating or drinking utensils, but such beliefs did not appear to be firmly held and often were clarified in the course of the discussions. The participants' levels of AIDS awareness and knowledge reflected well on the NACP's public-information campaigns. Radio, newspapers, posters, cinema and cultural groups were cited as major sources of AIDS information while some participants mentioned discussions about AIDS with health personnel prior to being served at clinics and dispensaries.

Most participants expressed fair knowledge concerning what condoms are and their use to prevent pregnancy and sexually transmitted diseases (STDs), including HIV. Almost all said they had seen condoms, more than half having used them. The most commonly-cited motivating factor for use was fear of contracting STDs, particularly AIDS. However, regular use appeared rare because of reluctance to

using condoms with regular partners. Other commonly-cited barriers to use included lack of availability and purchasing power, unfamiliarity and general apathy. Some participants had heard rumours that imported condoms were deliberately infected with HIV and that condoms were not strong enough to protect against infection with the virus. Some said they were reluctant to use condoms because they had broken during sexual intercourse.

Condom-related preferences

Most participants could not remember the brandnames of condoms they had used with the exception of the USAID-donated *Sultan* brand (distributed by the Ministry of Health and Family Planning Association of Tanzania). When shown different brands, several participants identified those with the most lubrication as best. Some of the more-educated groups strongly preferred condoms labelled "electronically tested", arguing that they were stronger than other types. The groups seemed to have no strong preference either for or against coloured condoms.

The researchers tested participants' attitudes and preferences for six selected brandnames for a new condom for Tanzania: *Protector*, a brandname commonly used in family planning social-marketing programmes in Africa and Latin America; *Guardian*; *Sungura*, the Kiswahili word for "jackrabbit" which implies bravery and cunning; *Simba*, which means "lion"; *Mlezi*, which means "family guardian"; and *Salama*, which literally means "safe" or "secure" but is commonly used to mean "okay" or as a short form of greeting.

Salama was the favourite brandname in seven groups and second choice in the other five. Some preferring *Salama* noted that it was easy to pronounce and would assure someone of security and safety. Others mentioned that the name would imply that the product had been checked and was safe for personal use. Some who did not like the name noted that Salama is also a personal female name, making it inappropriate as a condom name.

Two groups preferred *Sungura* as their first choice, arguing that because the jackrabbit is brave and clever, a condom with that name would remind people that they, too, must be clever in avoiding HIV infection. Others who disliked the name focused on the jackrabbit's trickiness, suggested that a *Sungura* condom might be perceived as a product for people with tricky or sneaky behaviour. Some commented that since *Sungura* is also a common brandname, it would not stand out as a new condom brand.

Simba, AIDSCOM's early favourite, was preferred by only one group. Those who liked it argued that a lion is very strong and that one needs strong protection to prevent infection with AIDS. Others disagreed, noting that sexual relations require tenderness, not the fierceness of the lion. Moreover, many participants commented that because Simba is the name of one of Dar es Salaam's two popular football clubs, supporters of the rival club would not be inclined to use a *Simba* condom. Others suggested that because *Simba*, too, is a common product name (for cement, plastics, etc.), people might find the name boring.

Mlezi and *Guardian* were each preferred by one group. Both names suggest the condom will guard the user against infection. However, some participants commented that because Mlezi is a family guardian for children, it was not an appropriate name for a condom. Others did not like *Guardian* because it is an English name and so might not be understood by villagers.

Protector was the least preferred name, despite its use in other countries. Many participants rejected *Protector* because they preferred not to have an English name for condoms.

Packaging and product positioning

The condoms will be sold in packets of three so the researchers tested a variety of packaging designs which had been developed by AIDSCOM prior to the addition of some of the Kiswahili brandnames. Most of the groups preferred a simple, light-blue packet with only the brandname printed three times on the front. Many participants commented that light-blue was an appropriate colour for a *Salama* condom because it is a calm colour and would make a purchaser feel at ease.

Lastly, the research team needed to know how the product could be positioned so as to be most appealing to con-

sumers. To what type of promotional appeal would potential consumers respond to: fear/consequence, rational/responsible or image/pleasure? The researchers tested the following six positioning concepts in the focus groups:

- Your choices are simple – condoms, abstinence or AIDS. Use a condom, it's a better choice.
- If Pele wanted to protect himself against AIDS, would he use a condom? You bet he would!
- Protect your future and your family. Prevent AIDS infection, use a condom.
- Use [BRANDNAME] CONDOMS. They are contoured for comfort, skin-thin for pleasure and strong enough to protect you. [BRANDNAME] is the man's condom.
- With AIDS there is no second chance. Avoid a fatal mistake and use a condom each and every time.
- Be safe, be smart. Use a condom and enjoy the rest of your life.

The majority of groups preferred the last concept. The Kiswahili translation is "*Kuwa salama, kuwa mjanja. Tumia mpira uyafaidi maisha yako yote.*" Participants noted that the concept is simple, quite neutral and would be an appropriate appeal for condom use. For participants favouring the *Salama* brandname, this statement had additional appeal because of the congruity between "*kuwa salama*" and the *Salama* name. They suggested that such a match would attract many people.

The concept favoured second most was No. 3": "Protect your future and your family. Prevent AIDS infection, use a condom." Participants appeared to respond favourably to the appeal to family and personal responsibility. Overall, the Tanzanian responses seemed to reinforce worldwide experiences showing that public-health information campaigns based on fear are proving less effective than other approaches. The focus-group responses clearly indicated a preference for a positive approach in positioning the new condom product.

Insights gained

This consumer-oriented marketing-research effort provided valuable insights for the development of a brandname, packaging and appropriate product positioning. It debunked several preconceptions held by the social-marketing team, namely that: frank discussions with Tanzanian men about condom use and preferences would be difficult; condoms are not well known as a means for preventing STDs; either *Simba* or *Protector* would be suitable brandnames; and potential consumers would not be responsive to an appeal to personal or family responsibility. It further seemed to indicate fairly broad support for a new commercial condom product if it is affordable and more readily accessible than current condom supplies. ■

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Empowering Thai women in their fight against AIDS

"Education Means Protection of Women Engaged in Recreation" – it is this message that the grass-roots organization EMPOWER has been putting across in its activities for and with female sex workers in the Patpong entertainment district of Bangkok, Thailand. Established in 1985, EMPOWER's staff of six paid employees and 10 volunteers has set up a comprehensive programme which covers each of the five action areas of health promotion.

Developing personal skills

At EMPOWER's drop-in centre, located only five minutes' walk from the Patpong district, women in the entertainment business are given the opportunity to develop personal skills which will help them increase their options in exercising more control over their lives. English lessons are offered by volunteers to improve their ability to communicate with customers and to enable them to find better jobs. Skills training is provided so that they can engage in other types of work.

The drop-in centre also provides information on AIDS and STDs via videos, counselling, distribution of pamphlets and talks, while the free bimonthly *Patpong Newspaper* regularly features work-related health problems in its health column and cartoons. A booklet designed especially for the bar workers explains in simple language what AIDS is, dispells myths concerning the disease and describes prevention methods. It includes translations of simple English sentences which the sex workers can use in conversations about safer sex with their foreign customers. During group discussions the women further become aware of their right to insist on condom use, their self-confidence is built up and they are provided with a broader language base for discussing safe sex with clients.

"Before I used to feel people looked down on me when I walked with a foreigner. But now that I can speak English, people compliment me and I can't be tricked by customers anymore. I never felt I could talk to the others in our flats but here I can talk with everyone, people here are my friends."

Strengthening community action

Dance and drama classes offered at the drop-in centre not only contribute to the women's self-confidence and sense of achievement but also help strengthen their sense of community. As one woman put it: "I now understand that working together means more than just that, it means helping each other and having fun together."

The Patpong Newspaper also provides the women with a sense of pride and the chance to communicate their ideas and express their opinions to one another. This contributes towards their feelings of solidarity as expressed in the comments of another woman: "I've read three editions of 'Patpong' and I enjoyed the interviews best because they show that the people in Patpong are very much alike and this draws us closer together."

The bar workers themselves have formed a theatre group which presents a stage play, called "This is Us"; it focuses on the women's reasons for engaging in their line of work and the problems they are currently facing. "I want to tell how I think and feel, I just want society to understand and no longer to look down on us" explains one group member. This leads straight to the third activity area of health promotion.

Creating supportive environments

Because STDs are known in Thai as "women's diseases" and women are blamed for spreading AIDS, EMPOWER feels it is of the utmost importance to convince the general public that AIDS and STDs can affect anyone, that safer-sex practices are important and that condom use is socially acceptable. To this end, they participate in public events; an example is a free art exhibition and concert featuring well-known musicians and poets which was held in Bangkok in January 1990. The organization also displays a mobile AIDS exhibition containing general information, photographs and educational materials at various sites, including bookstores and universities. In its information activities for the public, EMPOWER has further collaborated with street music troupes and mime groups in open-air presentations at parks where audiences receive pamphlets and free condoms after performances.

"Before I went to EMPOWER I'd always dreamt of becoming a beautician, but it was only a dream. I never had a chance. Then I found out about EMPOWER and now I'm studying!...I now have hope for the future, knowing that the future doesn't end in Patpong. I hope that I'll be able to have a job that I really want to do."

To create a supportive environment for the women, targeting activities towards the women's customers and employers is considered of special importance. Chantawipa Apisuk, EMPOWER's director, is well aware that some customers refuse to use condoms and she insists that the men also must assume responsibility for their use. As men who acquire HIV may spread it not only among their casual but also their regular partners and wives, she feels it must become socially accepted that condoms should be a natural part of having sex for everyone. One way in which the organization is spreading this message is by distribution of condoms to the women and their customers in different bars.

Another method used to create a social climate conducive to condom use is the presentation of safe-sex skits at bars by EMPOWER's Honeybee Cabaret so that the women and their customers receive the message when they are together. Emphasis is placed on humour since the skits are intended to help the audience overcome their shyness in discussing and practising safer sex. One skit, for example, involves a customer who is refused by one woman after another since he will not use condoms – his frustration mounts and the point is well made that his problem could be easily solved if he would only practise safer sex. In another short play, a foreign customer announces arrogantly that "real men don't use condoms", the sex worker pushes a large mock condom up to his face and with equal arrogance declares "No condom, no sex", to the audience's amusement.

Reorienting health services

EMPOWER has approached the medical community in order to reorient health services towards the women's needs. Women with HIV are referred to local doctors who are willing to guarantee their confidentiality; the fees for examinations and medications are kept low. In addition, the drop-in centre provides counselling on nutrition, exercise, family planning and safe drug use, while a telephone service, called Care Line, provides information about prevention methods and condom distribution points.

Building healthy public policy

EMPOWER's activities aimed at furthering healthy public policies have thus far concentrated on changing attitudes among the general public, the policy-makers' constituency. They collaborate with human rights organizations in public events which highlight problems related to AIDS, raise funds for persons with AIDS (PWAs) and inform the public about precautionary measures and the need to foster understanding and compassion for PWAs. EMPOWER's members present at the mobile exhibition discuss discrimination of PWAs with passers-by, emphasizing that they are people who are entitled to the same rights as everyone else.

Successful combined approach

EMPOWER has been achieving notable success in its AIDS-related work, both among the bar workers and others. A basic reason for this is the combination of activities and methods used. By offering the women classes in English, dance and drama and skills training, their sense of accomplishment and dignity is enhanced, their increased self-efficacy thereafter makes it easier for them to begin insisting on safer sex practices. By making safer sex a public issue, via events for the general public and entertainment at the bars, an environment is furthermore created in which the women can more easily bring the subject up for discussion. The response from the women has been enthusiastic and bar managers are cooperating with EMPOWER; some have already requested workshops for their employees. EMPOWER now plans to expand its activities to the provinces of Thailand in the coming year.

For those wishing more information on EMPOWER's activities and methods, please contact: Chantawipa Apisuk, Director, EMPOWER, P.O. Box 1065, Silom Post Office, Bankgok 10504, Thailand, tel. 66-2-234-3078/0398. ■

GLOBAL BULLETIN BOARD

Preventing AIDS through Health Promotion: Facing Sensitive Issues, is a new publication produced by WHO in collaboration with the Royal Tropical Institute in Amsterdam. Geared towards health promoters and educators involved in AIDS prevention and based on case studies, it examines the reactions of individuals and groups to AIDS and how health promotion programmes can take these reactions – often irrational from a public health point of view – into account.

The monograph is divided into four sections. The first discusses how health promoters can deal with their own emotions and reactions to AIDS and AIDS education. Section 2 focuses on how target audiences' emotional responses to AIDS can be identified and used to increase the effectiveness of education messages. Section 3 illustrates how peers and patients can motivate changes in risk behaviour while section 4 focuses on decision-makers and "gatekeepers" who can help or hinder health promotion, examining how their support can be enlisted. The monograph can be ordered from WHO/GPA. ■

The AIDS Handbook: a Guide to the Understanding of AIDS and HIV is aimed at people working in developing countries who are involved in AIDS education in their family, community or workplace. It includes basic information about HIV/AIDS (biology of the virus, symptoms, transmission), prevention counselling, special services and an action plan for AIDS education. To order contact: TALC, P.O. Box 49, St Albans, Herts, AL1 4AX, UK. ISBN 0-333-52007-6. ■

Promoting safer sex has recently been published and contains the keynote papers (on historical, sexual, economic, preventive, medical and personal aspects) and workshop reports (focusing on target groups for prevention, condom use and policy-making) of the international meeting on the Prevention of Sexual Transmission of AIDS and other STDs, which was organized in May 1989 by the Dutch STD Foundation. To order contact: Swets & Zeitlinger B.V., Heereweg 347, 2161 CA Lisse, The Netherlands. ISBN 90-265-1012-8. Ed. M. Paalman. Price Dfl. 52.50. ■

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